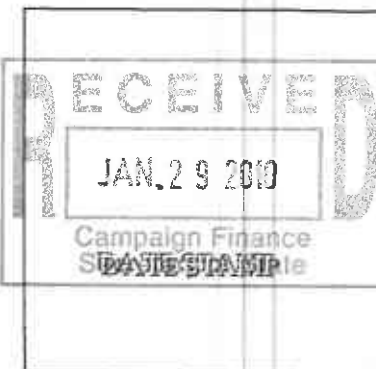


Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name David Norquist  
Full Address P.O. Box 1209, Cleveland, MS 38732  
Telephone 662-843-6171 (Fax) 662-843-6176  
E-mail dnorquist@jacksadamsnorquist.com  
Office Sought Representative-District 28 Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	3,701.97	\$ 3,701.97	\$ 3,701.54
Total amount of disbursements	18,300.54	\$ 18,300.54	\$ 18,300.54
Total amount of cash on hand		\$ 351.30	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

David Norgquist

Reporting period

January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Advance America

Mailing Address

135 N. Church Street

City, State, Zip Code

Spartanburg, SC 29306

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

7/2/09

Amount of each  
receipt  
this period

\$ 500.00

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B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Anheuser-Busch Cos., Inc.

Mailing Address

One Busch Place

City, State, Zip Code

St. Louis, MO 63118-1852

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

7/13/09

Amount of each  
receipt  
this period

\$ 500.00

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C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

AT+TM Mississippi PAC

Mailing Address

175 E. Capital St., Landmark Center, Room 703

City, State, Zip Code

Jackson, MS 39201

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

11/25/09

Amount of each  
receipt  
this period

\$ 500.00

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D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Harrah's Operating Company, Inc.

Mailing Address

P.O. Box 22232

City, State, Zip Code

Tulsa, OK 74121-2232

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

12/11/09

Amount of each  
receipt  
this period

\$ 500.00

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Name of Candidate or Committee David Norquist  
 Reporting period January 1, 2009 through December 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NBGES</u>		<u>1/1/09</u>	\$ <u>435.00</u>
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required) <u>Refund</u>		Aggregate year-to-date	\$ <u>435.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

David Norquist

Reporting period

January 1, 2009

through

December 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Crosstie Arts Counsel	3/20/09	\$ 250.00
Mailing Address		
PO Box 1064		
City, State, Zip Code		
Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
V-PAC	4/2/09	\$ 1,000.00
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Commission for Volunteer Service	4/29/09	\$ 590.00
Mailing Address		
3825 Ridgewood Road, Suite 601		
City, State, Zip Code		
Jackson, MS 39211		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 590.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Avis	1/12/09	\$ 373.63
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 373.63
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hotel Valley	1/13/09	\$ 809.92
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 809.92
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Julia K. Stallings	8/7/09	\$ 300.00
Mailing Address		
808 University		
City, State, Zip Code		
Cleveland, MS 38732	12/22/09	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 800.00
Clencal work		

Name of Candidate or Committee David Norquist  
 Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>David Norquist</u>	Date (Mo., Day, Year) <u>8/14/09</u>	Amount of each disbursement this period \$ <u>3,000.00</u>
Mailing Address <u>PO Box 1209</u>		
City, State, Zip Code <u>Cleveland, MS 38732</u>		
Purpose of Disbursement (Optional) <u>Loan</u>	Aggregate Year-to-date	\$ <u>3,000.00</u>
B. Full name <u>Hilton Hotels</u>	Date (Mo., Day, Year) <u>7/22/09</u>	Amount of each disbursement this period \$ <u>587.50</u>
Mailing Address	<u>7/27/09</u>	\$ <u>270.59</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>MS Consumer Credit Association</u>	Aggregate Year-to-date	\$ <u>858.09</u>
C. Full name <u>Beau Rivage</u>	Date (Mo., Day, Year) <u>8/18/09</u>	Amount of each disbursement this period \$ <u>842.23</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>meeting with gaming industry</u>	Aggregate Year-to-date	\$ <u>842.23</u>
D. Full name <u>Delta State University Foundation</u>	Date (Mo., Day, Year) <u>12/3/09</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>Scholarship</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>The Bourbon Mall</u>	Date (Mo., Day, Year) <u>8/10/09</u>	Amount of each disbursement this period \$ <u>210.90</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>meeting with constituents</u>	Aggregate Year-to-date	\$ <u>210.90</u>